

# FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☒ This is an **initial**\* Statement of Organization  
☐ This is an **amended**\* Statement of Organization

\*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

<b>FORM DR-1</b> (Rev. 01/2003)	<b>STATEMENT OF ORGANIZATION</b>
<b>For Office Use Only</b>	
Comm. # <u>21147</u>	
Indexed <u>ob</u>	
Audited <u>   </u>	
Computer <u>   </u>	

## COMMITTEE NAME

2003 Valley High School Referendum

IMPORTANT: Indicate type of committee you are reporting for:

( 1 )Statewide/Legislative Candidate ( 2 )Statewide PAC ( 3 )State Party ( 4 )County/Local Candidate ( 5 )County PAC ( 6 )Ballot Issue/Franchise Committee ( 7 )County/City Central Committee ( 8 )Support slate of candidates (list candidates under purpose of committee)

## COMMITTEE TREASURER

Name  
Norman W. Pogemiller

Mailing Address  
613 32nd Street

City, State Zip Code  
West Des Moines, IA 50265-3109

Phone ( 515 ) 225-2185 (home)

e-Mail none

## COMMITTEE CHAIR

Name  
John J. Clarke Co-chairperson

Mailing Address  
5050 Grand Avenue

City, State Zip Code  
West Des Moines, Iowa 50265

Phone ( 515 ) 225-4800 (home 247-0000 (work)

e-Mail JJClarke@Clarkecompanies.com

INDICATE PURPOSE OF COMMITTEE - Check One Box ☐ Advocate for/against candidate(s) ☒ Advocate for/against ballot issue(s)

Comment or description:

All Candidates Enter:

Office Sought: District:

Political Party (if applicable) Year Standing for Election:

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: Date of Election: 3-11-03

Bank Account Name

Yes for Valley

Name of Financial Institution/type of Account

West Bank

Mailing Address

P.O. Box 65020

City

State

Zip

West Des Moines, Iowa 50266

Candidate name & Address or Parent Entity (PACs, if applicable),  
Affiliate, or Sponsor

Mailing Address

City

State

Zip

Phone ( )

e-Mail

## DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO COUNTY CENTRAL COMMITTEE

(2) DONATED TO LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify)

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE  
(CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

## STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$750.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

January 17, 2003

Date Signed

January 17, 2003

Date Signed

Signature of Candidate, DR, if PAC, Central Committee or Local Ballot Issue, Chairperson